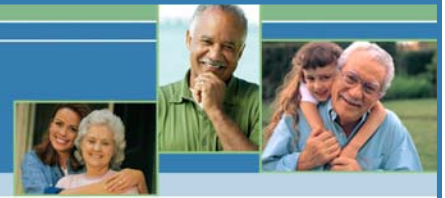


Preparing For the New Medicare Prescription Drug Coverage



Compile the information below to help yourself or a loved one prepare to evaluate Medicare prescription drug plans:

What type(s) of prescription drug coverage do you currently have? (Check all that apply)

- ☐ Prescription drug coverage through an **employer or union retiree health plan**
- ☐ Prescription drug coverage through **Medigap (Medicare supplemental insurance)**
- ☐ Medigap (Medicare supplemental insurance) **without drug coverage**
- ☐ Prescription drug coverage through a **Medicare Advantage plan** (like an HMO, PPO, or Private Fee-for-Service Plan)
- ☐ **Medicaid**
- ☐ Prescription drug coverage through **TRICARE** (military retiree benefits), **Department of Veterans Affairs** (VA benefits), or **FEHBP** (Federal Employees Health Benefits Program)
- ☐ Prescription assistance through a **State Pharmacy Assistance Program**
- ☐ I don't know
- ☐ None of the above

If you currently have coverage, enter the name of your prescription drug coverage provider (e.g., Acme Health Insurance Company):

If you currently have prescription drug coverage through an employer, union, Medigap, or Medicare Advantage plan, have you received a letter in the mail from your current plan identifying whether the plan is at least as good as standard Medicare prescription drug coverage?

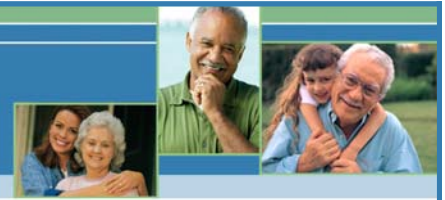
☐ Yes ☐ No

Did you get a letter from Medicare or the Social Security Administration (SSA) that said you either may be eligible for or are qualified for extra help paying for your Medicare Prescription drug plan costs?

☐ Yes ☐ No

If you have a pharmacy or pharmacies where you prefer to get your prescriptions filled, list them below including, if possible, their address(es):

Pharmacy Name	Pharmacy Address



Do you currently use a mail order pharmacy to fill your prescriptions?

☐ Yes ☐ No

Collect your current prescriptions and, looking at their labels, fill in the names, dosage, and quantity of your current medications.

What is the brand and/or generic name of this medicine?	What form does this medicine take (e.g., liquid, tablet, capsule?)	What is the strength and how often do you take it?	How many doses are in each prescription?
<i>EXAMPLE: Abcdefghi</i>	<i>Oral tablet</i>	<i>40 mg once per day</i>	<i>30 tablets</i>

If you need additional help, you can:

- Read your “Medicare & You 2006” handbook, visit www.medicare.gov on the web, or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- Call your State Health Insurance Assistance Program (check the back cover of your “Medicare & You 2006” handbook for the telephone number in your state).

ENROLLMENT
NOVEMBER 15, 2005 – MAY 15, 2006

Medicare Rx
EDUCATION NETWORK

www.MedicareRxEducation.org